

STATE CLEARINGHOUSE
PROJECT NOTIFICATION AND REVIEW SYSTEM
FISCAL REVIEW AND COMMENT FORM

TO: Office of Budget

FROM: State Clearinghouse

SUBJECT: Review of: SAI# _____

Project Title: _____

State Agency: _____

Date: _____

Because of your interest in this project, it has been submitted to you for review and comment. Please complete this form and return to the Clearinghouse by _____.
(date)

1. Was the Federal Assistance Program included in the applicant's approved budget for biennium?
Yes _____ No _____

2. Is the applicant currently participating in this Federal Program?
Yes _____ No _____

3. Is this function in line with the duties of the Agency as defined by law? Yes _____ No _____
Explain _____

4. Will a miscellaneous Federal Grant be necessary as a result of this application of an award is made?
Yes _____ No _____
Explain _____

5. Will any other budget related action be necessary regarding this application if an award is made?
Yes _____ No _____
Explain _____

6. As far as you are aware, are there any existing or planned program/projects that would preclude the need for this proposed program? Yes _____ No _____
Explain _____

7. As far you are aware, does the proposed program conflict with any applicable statute, order, directive, rule or regulation (Federal, State, and Local)? Yes _____
No _____

Explain _____

8. Would this proposed program obligate the State to any future courses of action financially or otherwise
Yes _____ No _____
Explain _____

9. Would this proposed program involve a recurring expenditure of State Funds?
Yes _____ No _____
Explain _____

10. Would this proposed program obligate the State in the future to continue a maintenance of effort with
respect to the required State Expenditures? Yes _____ No _____
Explain _____

11. If Matching funds are required, are they available? Yes _____ No _____

12. Describe any suggestions or means of improving the proposed application: _____

13. On the basis of your evaluation, convey your general conclusion by checking the appropriate statement or
statements:
_____ No interest or comment on this project
_____ Proposal is supported
_____ Proposal is considered non-essential, see explanation
_____ Additional information is desired, see below

14. Remarks or Additional Comments:

Signature of Reviewer: _____
Title: _____
Date: _____

Signature of Budget
Administrator _____
Date: _____